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|---|--|-----------------------------------|--|----------------------------|--|
| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. TRB-10302/38 | |
| Application No. 10/599,016-Conf. #3156 | | Filing Date September 18, 2006 | | Examiner B. S. Szmal | |
| | | | | Art Unit 3736 | |

Applicant(s): Landon C. G. Miller

Invention: SYSTEM AND METHOD FOR NEUROLOGICAL INJURY DETECTION, CLASSIFICATION AND SUBSEQUENT INJURY AMELIORATION

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.
The fee has been calculated and is transmitted as shown below.

| CLAIMS AS AMENDED | | | | | | |
|---|----------------------------------|--------------------------------|-----------------------------|------|--------|------|
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | | |
| Total Claims | 11 | - 20 = | 0 | x | 26.00 | 0.00 |
| Independent Claims | 2 | - 3 = | 0 | x | 110.00 | 0.00 |
| Multiple Dependent Claims (check if applicable) | | | | | | |
| Other fee (please specify): | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | | 0.00 |

☐ Large Entity
 ☒ Small Entity

☒ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. _____ in the amount of \$ _____.

☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 07-1180 as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

/Avery N. Goldstein, Ph.D./ _____
 Dated: December 30, 2009

Avery N. Goldstein, Ph.D.
 Attorney/Agent Reg. No.: 39,204

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